

PLACE OF BIRTH  
County of Gila  
District of Prescott  
City of San Carlos

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 165  
Co. Registrar No. 191  
Local Registrar No. \_\_\_\_\_

City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Helen Nosay } If child is not yet named, make supplemental report, as directed

Sex of child female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 2/22/23 (Month, day, year)

FATHER  
11. Full maiden name Felix Nosay  
12. Residence (Usual place of abode) San Carlos  
If nonresident, give place and State Ariz  
13. Color or race Indian  
14. Age at last birthday 35 (Years)  
15. Birthplace (city or place) San Carlos  
(State or country) Ariz  
16. Occupation Laborer  
17. Nature of Industry Laborer  
18. Number of children of this mother born as of time of birth of child here-certified and including this child. \_\_\_\_\_

MOTHER  
14. Full maiden name Virginia Wallace  
15. Residence (Usual place of abode) San Carlos  
If nonresident, give place and State Ariz  
16. Color or race Indian  
17. Age at last birthday 34 (Years)  
18. Birthplace (city or place) San Carlos  
(State or country) Ariz  
19. Occupation Housewife  
20. Nature of Industry Housewife  
21. (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that ~~attended~~ the birth of this child, who was born alive at 7 A.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, or should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. H. Sawyer M.D.  
(Physician or midwife)

Address San Carlos, Ariz.

Signature added from \_\_\_\_\_  
Supplemental report \_\_\_\_\_  
(Month, day, year)

Registrar \_\_\_\_\_

Filed 4-5, 1923 10:29 A.M.

Filed 4-6, 1923 10:29 A.M. Local Registrar \_\_\_\_\_

County Registrar \_\_\_\_\_

888-322-565